Rituximab

This leaflet provides information on rituximab and will answer any questions you have about the treatment.
What is rituximab?

Rituximab (trade name MabThera) is a type of drug called a biological therapy. It removes a type of cell called B-cells. B-cells make antibodies, which your body needs to fight against germs, viruses or any other foreign or dangerous substances.
At a glance

What type of drug is rituximab (trade name MabThera)?
Rituximab is a biological therapy.

What does it do?
It’s available for people with rheumatoid arthritis, lupus, vasculitis and sometimes dermatomyositis.

How is it taken?
Usually two infusions are given 2 weeks apart.

Are there any side-effects?
A small proportion of people experience fever, wheeziness, a rash or fall in blood pressure. It can also make you more likely to develop infections.
Why is rituximab prescribed?
In people with rheumatoid arthritis, some B-cells produce harmful autoantibodies, which attack the body’s own tissues. Rituximab removes these B-cells. It also removes the B-cells which make useful antibodies that protect you against infection, but these return after some months.

Rituximab will only be prescribed if your arthritis is active and you’ve already tried methotrexate and another disease-modifying anti-inflammatory drug (DMARD) such as sulfasalazine or hydroxychloroquine and at least one anti-TNF drug, or if you can’t use these drugs for any reason.

Rituximab can be used for lupus, vasculitis and sometimes dermatomyositis. It’s also used to treat certain types of cancer.

Is there any reason I won’t be prescribed rituximab?
Rituximab won’t be prescribed if:
• your arthritis isn’t active
• you’ve not tried standard treatments first
• you’re pregnant or breastfeeding
• you have an infection.

Your doctor may decide not to prescribe rituximab if:
• you have severe heart problems
• you get short of breath very easily
• your B-cell or antibody levels are low
• you have seronegative rheumatoid arthritis (with no rheumatoid factor and no anti-CCP antibodies).

When and how do I take rituximab?
Rituximab is given by intravenous infusion (a drip) in hospital. You may have a steroid injection first to reduce the risk of reactions. The first infusion takes around 6 hours, although following infusions will be a bit shorter. Usually two infusions are given 2 weeks apart, which is repeated when the improvement is wearing off (around 6 months to 3 years later). Many people have rituximab about once a year. You’ll need to let your rheumatologist know if your condition gets worse.

How long does rituximab take to work?
If you respond to rituximab, you’ll probably feel better within 2–16 weeks.

Use the space below to record the details of your next infusion:

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What are the possible side-effects?
A few people experience a fever, wheeziness, a rash or fall in blood pressure during or shortly after the infusion. Occasionally you may feel unwell during infusions. If this happens you should tell the person giving you the infusion so they can slow it down. If your symptoms are severe you may need to stop treatment, but this is rare.

Rituximab affects your immune system, so you may be more likely to develop infections. You should tell your doctor or rheumatology nurse straight away if you develop any of the following after starting rituximab:
- a sore throat
- a raised temperature
- a fever
- any other symptoms of infection
- any new symptoms or anything else that concerns you.

What should I look out for?
You should see your doctor immediately if:
- you develop new symptoms
- you’ve not had chickenpox and you come into contact with someone who has chickenpox or shingles
- you develop chickenpox or shingles.

Chickenpox and shingles can be severe in people on rituximab. You may need antiviral treatment, which your doctor will be able to prescribe.

What are the risks?
In very rare cases rituximab can cause a serious condition called progressive multifocal leukoencephalopathy (PML), which can damage the brain and spinal cord. You must see your doctor immediately if you notice any of the following:
- pins and needles
- weakness
- shaky movements
- unsteadiness
- loss of vision
- speech problems
- changes in behaviour or mood
- difficulty with movements (face, arms or legs).

After 3 or 4 courses of rituximab, the levels of useful antibodies in your blood (the ones that protect you against...
infection) may go down. This may not be a major problem, but it might mean that repeated courses increase your risk of infection.

**How can I reduce the risk of infection?**

Because of its effects on the immune system, rituximab may make you more likely to pick up infections. You should avoid people who have recently been in hospital and visit the Food Standards Agency website [www.food.gov.uk/safereating](http://www.food.gov.uk/safereating) for information on reducing your risk of infection from foods.

**Will it affect vaccinations?**

Because rituximab affects your immune system, it’s best to have any vaccinations before treatment, or in between courses when your B-cells have come back. You should discuss this with your rheumatologist, GP or rheumatology nurse.

If you’re taking rituximab it’s recommended that you avoid live vaccines, including the chickenpox vaccine. However, in certain situations a live vaccine may be necessary (for example rubella immunisation in women of childbearing age), in which case your doctor will discuss the possible risks and benefits of the vaccination with you.

Pneumovax (which gives protection against the most common cause of pneumonia) and yearly flu vaccines should be given at least one month before a course of rituximab.

**Can I drink alcohol while on rituximab?**

You can drink alcohol while on rituximab but keep within the recommended limits. If you’re also taking methotrexate, you should only drink alcohol in small amounts (no more than 4 units per week) because methotrexate and alcohol can interact and damage your liver.

**Does rituximab affect fertility or pregnancy?**

We don’t know the risk of rituximab to an unborn baby. You should take care to avoid becoming pregnant for 12 months after treatment. You shouldn’t have rituximab during pregnancy.

**Does it affect breastfeeding?**

Rituximab is an antibody that can be passed on in breast milk. You shouldn’t have rituximab if you’re breastfeeding, and shouldn’t breastfeed for 6 months afterwards, because it might affect your baby’s immune system.

**What else should I know about rituximab?**

If you’re prescribed rituximab it’s recommended that you carry a biological therapy alert card, which you can obtain from your doctor or rheumatology nurse. Then if you become unwell, anyone treating you will know that you’ve had rituximab and your B-cell count may be low.
Are there any alternatives?
A number of other drugs are used in the treatment of rheumatoid arthritis and related conditions. Your doctor and rheumatology nurse will discuss these with you.

Will I need any special checks while on rituximab?
You’ll have blood tests to check your antibody and B-cell levels before treatment and every few months afterwards.

Rituximab may increase the risk of the hepatitis B infection being reactivated in people who carry the virus. If your doctor decides that you may be at risk from a previous hepatitis B infection, they may test your blood for the presence of hepatitis B.

Can I take other medicines alongside rituximab?
Rituximab may be prescribed alongside other drugs, including methotrexate. You should discuss any new medications with your doctor before starting them, and always tell any other doctor treating you that you use rituximab. You should also be aware of the following points:

- Rituximab isn’t a painkiller. If you’re already on a non-steroidal anti-inflammatory drug (NSAID) or painkillers you can carry on taking these, unless your doctor advises otherwise.

- Don’t take over-the-counter preparations or herbal remedies without discussing this first with your doctor, rheumatology nurse or pharmacist.

Can I continue with rituximab if I’m going to have an operation?
Elective surgery is usually scheduled at least a month after your last infusion.

Notes
Where can I get more information?
Arthritis Research UK is the charity leading the fight against arthritis. We do this by funding high-quality research, providing information and campaigning. We publish over 60 information booklets which help people to understand more about their condition, its treatment, therapies and how to help themselves.

If you would like any further information about rituximab, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse or pharmacist.

Get involved!
You can help to take the pain away from millions of people in the UK. To get more actively involved, please call us 0300 790 0400 or email us at enquiries@arthritisresearchuk.org or go to: www.arthritisresearchuk.org

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Please note: We have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change. This information sheet is for general education only and does not list all the uses and side-effects associated with this drug. For full details please see the drug information leaflet that comes with your medicine. Your doctor will assess your medical circumstances and draw your attention to any information or side-effects that may be relevant in your particular case.

This leaflet has been produced, funded and independently verified by Arthritis Research UK.